



Delivering Excellence Every Day

**PUBLIC WORKS & WASTE MANAGEMENT DEPARTMENT
ADDITIONAL BLUE RECYCLING CART REQUEST FORM
FOR RESIDENTIAL USE ONLY**

(To be completed by the property owner only)

Request Date: _____

Property Owner _____

Property Address: _____

Apt # _____ City: _____ State: _____ Zip Code: _____

Billing Address (if different from property address): _____

Apt # _____ City: _____ State: _____ Zip Code: _____

Home Tel: _____ Daytime Tel: _____ Alternate Tel: _____

Fax: _____ E-mail: _____

I hereby authorize the Department of Public Works & Waste Management to deliver **1** additional Blue Recycling Cart to the above address. I understand that the additional Blue Recycling Cart is free of charge and that the Department can only issue one additional Blue Recycling Cart. No additional Blue Recycling Carts can be purchased.

Please mark [X] to indicate the cart size requested:

Blue Recycling Cart [] 95-Gallon (Standard size) [] 65-Gallon [] 35-Gallon

Property Owner's Signature

Date

Fax the completed Additional Cart Request Form to **305-514-6219** or mail to Miami-Dade County Public Works & Waste Management Department to: **2525 NW 62nd Street, 5th Floor, Miami, Florida 33147**, attention **Public Information & Outreach Division**, or email to pwwm@miamidade.gov

For Public Information & Outreach Division Use Only:

Serial #: _____ Size: _____ Date Delivered: _____ Initials: _____

Serial #: _____ Size: _____ Date Delivered: _____ Initials: _____

Serial #: _____ Size: _____ Date Delivered: _____ Initials: _____



Closed in CiRM

Date: _____

Initials: _____



Sent To Accounting

Date: _____

Initials: _____